

Henrietta Moore

Town

County

Died at *Mechanicville* *St. Mary's*

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
1902	Apr.	11	1	6		St. Mary's	
Male	White	Married			Widow	Blarced	
Female	Colored	Single			Widower	Number of children living	

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

a month

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary Brooks

Town

County

Died at

MARYLAND

Date 1904

Month

Day

Y.

M.

D.

Native of

Occupation

4

8

Age 23

Md Cork

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living 1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

13 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary L. H. Brooks

Town

County

Died at Mechanicsville St Marys MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1902 Apr. 18 St Marys Co.

Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Webster Brooks Mother's Name Frances Holbe

Cause of Primary How long sick
Death Immediate 179.
Accident, Suicide, Homicide

Reported by Zach R. Twing, M.D.
Address Mechanicsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Died at *Not* *Christened*
Chaptin ^{Town} *St. Marys* ^{County} **MARYLAND**

1902 ^{Month} *Apr* ^{Day} *29* Y. M. D. Native of Occupation

Date *1902* ^{Age} *6*

~~Male~~ ~~White~~ Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Mother's Name *Mary Carter*

Name

Cause of Primary *Petersons* - How long sick

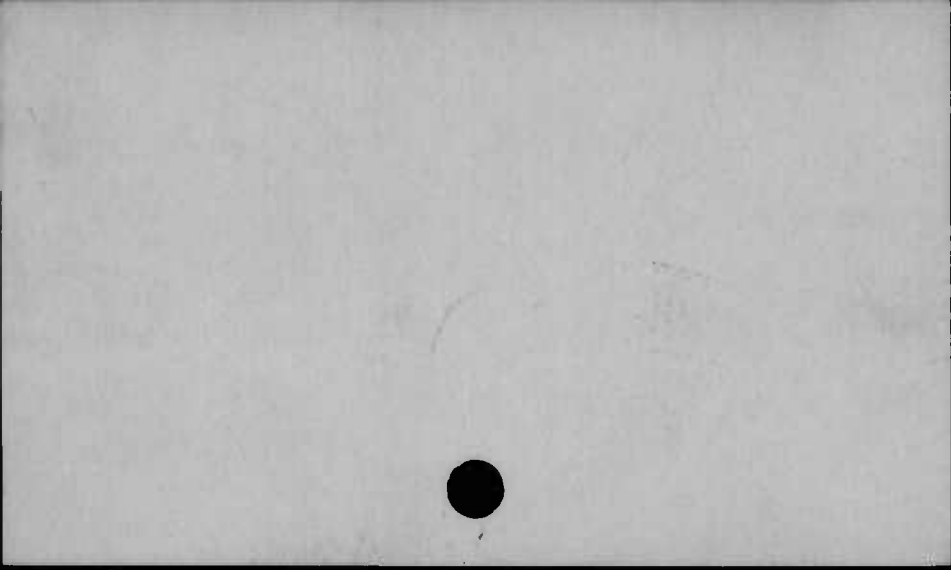
Death Immediate *72*

Accident, Suicide, Homicide

Reported by *L. B. Johnson*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William Sylvester Carter

Town

County

Died at River Springs

St Mary's

MARYLAND

Date 1902 Apr. 13. | Age 73 - - | Native of Md | Occupation Farmer

Male White Married Widower Divorced

Female Colored Single Widower Number of children living 3

Husband of Julia Carter Bolling

Wife

Father's Name Phillip Carter Mother's Name Celia Adams

Name Maiden Name

Cause of Death { Primary Cancer 45

Immediate Heart Failure

How long sick 4 weeks.

Accident, Suicide, Homicide

Reported by Scott V. Palmer M. D.

Address Palms P.O. St. Mary's co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Emeline Carter

Town

County

Died at near Snads Creek

St. Marys

MARYLAND

Date 1902	Month	Day	Y.	M.	D.	Native of	Occupation
	Apr.	23 rd	Age	60		Maryland	House Keeper
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower		Number of children living	two	

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Paralysis

66

How long sick

a week

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. R. Morgan M.D.

Address

Mechanicville

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Jane H. Fowler
 Town *Mechanicsville* County *St. Mary's* MARYLAND
 Died at
 Date 1902 *Apr. 19th* Month *Apr.* Day *19th* Age *67* Y. M. D.
 Native of *Maryland* Occupation *Lady of leisure*
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Number of children living *one*

Husband of *Thos. H. Fowler Sr.*
 Wife
 Father's Name *Mrs. S. Morgan* Mother's Maiden Name *Elizabeth B. Mearns*
 Cause of Death { Primary *Eripping* How long sick *one month*
 Immediate *Pneumonia* 10
 Accident, Suicide, Homicide

Reported by *Jach. R. Morgan M.D.*

Address *Mechanicsville Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Hully

Died at

Red Gate

Town

St Marys

County

MARYLAND

Date 19

02

Month

Day

April 29

Age

82

Y.

M.

D.

Native of

St Marys

Occupation

Housewife

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Chronic Brights

Death

Immediate

Cancer

How long sick

3 months

~~Accident, Suicide, Homicide~~

Reported by

F. J. Greenwell
Leonardtown

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thelma Jones
 Town County
 Died at *Harley Md* *St Marys* MARYLAND
 Date 1912 *April 6* Month Day Y. M. D. Age *2* " " Native of *Md* Occupation
 Male *Whits* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living

Husband of
Wife

Father's Name *Earl Jones*

Mother's Maiden Name *Mrs Jones*

Cause of Death { *Pneumonia*
 Primary
 Immediate

How long sick *4 days*
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Samuel Cornelius Watts

Town

County

Died at

Pearson

St. Mary

MARYLAND

Date 19

02

April

Day

21

Age

Y.

M.

D.

- 11 -

Native of

Occupation

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Samuel W. Watts

Mother's

Maiden Name

Ann E. Bryon

Cause of

Primary

Tubercular Meningitis

How long sick

Three weeks

Death

Immediate

24

Dr. A. L. Hodgdon

Accident, Suicide, ~~Homicide~~

Reported by

Address

Pearson Post Office
Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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